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SEP 27 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)	
)	
GILL)	Group Art Unit: 2653
)	
Application No. 10/614,075)	Examiner: OMETZ, David L.
)	
Filed: 07/02/2003)	Attorney Docket No. HIT1P019/
)	HSJ920030105US1
For: SELF-PINNED IN-STACK BIAS)	
STRUCTURE WITH IMPROVED)	Date: September 27, 2004
PINNING)	
)	

Amendment A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed August 11, 2004, please enter the
following amendments believed to place the claims in condition for allowance.

11/19/2004 TSTEPTOE 00000003 502587   10614075

01 FC:1201   86.00 DA
          HIT1P019/HSJ920030105US1

- 1 -

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)   Attorney Docket No.:
)   HIT1P019/HSJ920030105US1
        GILL   )
)   Examiner: OMETZ, David L.
Application No.: 10/614,075   )
)   Group Art Unit: 2653
Filed: 07/02/2003   )
)   Date: September 27, 2004
For: SELF-PINNED IN-STACK BIAS STRUCTURE   )
       WITH IMPROVED PINNING   )
)

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents via facsimile to fax number (703) 872-9306 on September 27, 2004.

Signed: _____
                Nancy Rushman

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	25 -	25	0	X09 = S	OR	X18 = S0
INDEP CLAIMS	06 -	03	03	X42 = S	OR	X86 = $258
[ ] Multiple Dependent Claim Present and Fee Not Previously Paid				$130		$290
			TOTAL	S_____		$ 258

☐
☒ Applicant(s) hereby petition for a __month__ extension of time to respond to the outstanding Office Action.
Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-2587.

☐
☒ Enclosed is our Check No. in the amount of $ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-2587 (Order No. HSJ920030105US1). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zilka-Kotab, PC

Dominic M. Kotab
Registration No. 42,762

P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/96)

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

9-21-05 CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 25	Minus	** 25	=
Independent	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.